

Office of Health Care Assurance

State Licensing Section

# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Serapion, Shirley (ARCH/Expanded ARCH)	CHAPTER 100.1
Address: 94-258 Kahualele Street, Waipahu, Hawaii 96797	Inspection Date: January 27, 2021 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 Case management qualifications and services. (c)(4)</p> <p>Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><b>FINDINGS</b></p> <p>Resident #1 – Medication list for the RN Case Manager annual reassessment, dated 12/10/20, contained three (3) medications the resident did not have a current order to be taking at that time:</p> <ol style="list-style-type: none"> <li>1. Seroquel 25mg ½ tab PO daily after breakfast,</li> <li>2. Q-tussin DM syrup 5ml PO q6hrs PRN, and</li> <li>3. Trazadone 50mg ½ tab PO bedtime PRN.</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>ON FEBRUARY 1, 2021, PCC NOTIFIED CASE MANAGER REGARDING ERROR TO MEDICATION LIST DATED 12/10/2020 THAT CONTAINED DISCONTINUED MEDICATIONS. CG GAVE A COPY OF THE RESIDENT'S CURRENT ORDER SIGNED BY RESIDENTS PCP AND MAP TO CORRECT THE LISTED MEDICATIONS ON RN CM ANNUAL ASSESSMENT FOR RESIDENT. PCC RECEIVED THE UPDATED MEDICATION LIST THE NEXT DAY 02/02/2021. THIS CORRECTION HAS BEEN FILED IN RESIDENT'S CHART. — L. Scarpion-Webster, RN, RN 03/05/2021</p> <p style="text-align: right;">STATE OF HAWAII DOH-CHCA STATE LICENSING</p>	<p style="text-align: right;">21 MAR -8 P 3:34</p>

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Licensee's/Administrator's Signature: Shirley Leighton

Print Name: SHIRLEY SEARION

Date: 3/5/2021

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